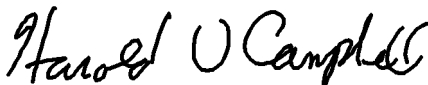


ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 4													
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.																					
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.																					
1. CONTRACT/PURCH ORDER NO. F09603-02-G-0011			2. DELIVERY ORDER NO. UB90		3. DATE OF ORDER (YYMMDD) 2003 AUG 08		4. REQUISITION/PURCH REQUEST NO. YPE03093000005		5. PRIORITY DOA7												
6. ISSUED BY CODE SP0900 Defense Supply Center Columbus 3990 E.Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCACGD (614)692-7495 / FAX: (614)692-6929 E-mail: Patricia.McMurray@dla.mil				7. ADMINISTERED BY (If other than 6) CODE S2103A CMDR DCMC NORTHROP GRUMMAN BALTIMORE 7323 AVIATION BOULEVARD, MS 1285 BWI AIRPORT, MD 21240-2003 CRITICALITY: B				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)													
9. CONTRACTOR CODE 97942 NORTHROP GRUMMAN SYSTEMS CORPORATION ELECTRONIC SYSTEMS 1580A W NURSERY LINTHICUM HEIGHTS MD 21090-0000				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 540 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED													
NAME AND ADDRESS				12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15															
14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY CODE HQ0338 HQ0338 DFAS COLUMBUS CENTER SOUTH ENTITLEMENT OPERATIONS P O BOX 182264 COLUMBUS OH 43218-2264 EFT: T				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER													
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your offer dated 2003 JUN 11, U6242A and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.																					
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE EG: 97X4930 SCE0 001 26.0 S33150																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>18. ITEM NO.</td> <td>19. SCHEDULE OF SUPPLIES/SERVICE</td> <td>20. QUANTITY ORDERED/ACCEPTED*</td> <td>21. UNIT</td> <td>22. UNIT PRICE</td> <td>23. AMOUNT</td> </tr> <tr> <td></td> <td>Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</td> <td>TOTAL: 30</td> <td></td> <td></td> <td></td> </tr> </table>										18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.	TOTAL: 30			
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	Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.	TOTAL: 30																			
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA Harold Campbell BY: 			25. TOTAL \$ 15824.10																
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		27. PAID BY <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			28. CERTIFYING/ORDERING OFFICER NO. _____																
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		32. AMOUNT VERIFIED CORRECT FOR			29. DIFFERENCE																
37. RECEIVED AT		38. RECEIVED BY (Print)			30. INITIALS																
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS			34. CHECK NUMBER																
41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			35. BILL OF LADING NO.																

CONTINUATION SHEET	Order Number: F09603-02-G-0011-UB90	PAGE 2	OF PAGES 4
<p>FOB, Inspection and Acceptance shall be at: Contractors Plant.</p> <p>Variation in quantity limited to: Plus _0_%, Minus _10_%.</p> <p>The Northrop proposed DMS clause is acceptable, and incorporated by reference.</p> <p>All other terms and conditions of the cited BOA apply.</p> <p>This item urgently required. See delivery schedule.</p>			

CONTINUATION SHEET

Order Number:

F09603-02-G-0011-UB90

PAGE OF PAGES

3

4

SECTION B

PR YPE03093000005
NSN 5962-01-195-4776

ITEM DESCRIPTION:

MICROCIRCUIT

CRITICAL APPLICATION ITEM

NORTHROP GRUMMAN SYSTEMS CORPORATIO (97942) P/N 638A328H02

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE03093000005	0001	30	EA	\$527.47000	\$15824.10

QTY VARIANCE: PLUS 0% MINUS 10%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = GX: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = XX: OPI = M:
INTRMDTE CONT = D3: INTRMDTE CONT QTY = AAA:
PACK CODE = Q: PACKING LEVEL = B:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 39 - MIL-STD-129 ESD SENS ELEC DEV RQMT APPLY
SUPPLEMENTAL INSTRUCTIONS

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2005 JAN 29

CONTINUED ON NEXT PAGE

SECTION B

PARCEL POST ADDRESS:

FMS REQ'T
CONTACT TRANS OFFICE AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) DSRF5V30770192 XXX
PROJ TP 2
SUP ADD DA4QZO SIG L

FOR GOVERNMENT USE ONLY: IPD 05

DIC A31 DIST N01 ADV 2L FC NL

* * * * *

REMIT PAYMENT TO:

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